STATE OF WISCONSIN, CIRCUIT COURT,			COUNTY	For Official Use	
IN THE MATTER OF THE ADOPTION OF			Order for Hearing and Screening (Stepparent Adoption)		
	Name		_		
Date of Birth			Case No		
Αp	petition for adoption of this pe	rson has been filed	d by (name)		
ТН	E COURT ORDERS:				
Agency name: Agency address: Agency phone: shall conduct a single-interview screening and file a report with the court by (date) .					
2.	The hearing shall be held on (date), at (time)at (location)			, ,	
3. Petitioner shall give notice of the hearing by mailing a copy of this order to interested persons.					
If you need help in this matter because of a disability, please call:					
			BY THE COURT:		
			_		
Name of Attorney			Circuit Court Judge/Circuit Court	Circuit Court Judge/Circuit Court Commissioner	
Address			Name Printed or Typ	Name Printed or Typed	
			Date		
Tele	ephone Number	Bar Number			

Distribution:

- 1. Original court
- 2. Person conducting screening